

COLUMBIA COUNTY
COMMUNITY YOUTH AID PANEL
APPLICATION FOR MEMBERSHIP

Name: _____
 Last First Middle

Address: _____
 Number & Street City State Zip Code

Date of Birth: _____ Social Security #: _____

Phone No.:_()_____ - _____ Email Address: _____

How long have you lived at your present address? _____

Borough or Township of Residence: _____

Employer: _____

Present Occupation: _____ How long? _____

Work Address: _____ Phone No: () _____ - _____

Education -Circle highest grade completed - (4) (5) (6) (7) (8) (9) (10) (11) (12)

College- (1) (2) (3) (4) What was your major area of study? _____

Do you have any special skills or training? _____

Are you a candidate for political or public office? [] Yes [] No

For what office are you a public or political candidate? _____

Any U.S. Military Service: _____ Rank & length of service _____

Please describe any previous volunteer experience: _____

Please describe those organizations to which you belong: (Civic, Church, Social, Fraternal, etc.):

Please describe those skills that you possess and those aspects of your personality that render you well suited to perform as a candidate for the Community Youth Aid Panel Program.

Have you ever been arrested for or convicted of a crime? [] Yes [] No

Have you ever been the subject of a child abuse report or investigation? [] Yes [] No

Have you ever had a Protection From Abuse (PFA) order filed against you? [] Yes [] No

If yes to any of the above, please explain. (A yes answer does not automatically exclude you from being considered for the Community youth Aid Panel Program.)

How did you learn of the Community Youth Aid Panel Program?

[] Civic or Social Meeting [] Friend [] Newspaper [] Other

Please list three references:

Name	Address	Phone
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1. _____

2. _____

3. _____

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for volunteer service as may be necessary for arriving at an acceptance decision.

I agree to allow the Columbia County, its managers and/or authorized personnel, to contact any references I have listed on my volunteer application. I agree to submit to a Criminal Background Check which can be found at:

<https://epatch.state.pa.us/Home.jsp>

I agree to submit a Child Abuse Clearance which can be found at:

<https://www.compass.state.pa.us/cwis/public/home>

I understand if accepted into the program, I will abide by all rules and regulations of Columbia County and the Community Youth Aid Panel Program.

Applicant's Signature

Date

Return To:

Columbia County Juvenile Probation

Laura Shultz, Juvenile Probation Officer

14 West Main Street, Bloomsburg, PA 17815